

**WAIVER AND RELEASE OF ALL CLAIMS
FOR CITY OF LINCOLN JOB SHADOWING**

Please read this form carefully and be aware in participating that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.

As the parent/guardian of the participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

Participants Name: (Please Print) _____

Signature of Parent/Guardian: _____

Date: _____